

9-17-07

Docket No.: 0147-0220P
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Herbert SCHLACHTER

Application No.: 09/743,577

Confirmation No.: 5756

Filed: March 12, 2001

Art Unit: 1616

For: Skin and tissue care and/or treatment agent

Examiner: S. S. Gollamudi

REQUEST FOR REFUND
(IMPROPER CHARGE OF DEPOSIT ACCOUNT)

MS 16
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

I. REFUND REQUEST

This is a request for a refund with respect to the charge to Deposit Account 02-2448 shown on the statement for the month of August 2007 for the above-identified

☒ application

☐ patent

☒ A copy of the monthly statement in which the error referred to occurs, accompanies this request.

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II. FEES CHARGED FOR WHICH REFUND REQUESTED

	AMOUNT OF REFUND <u>REQUESTED</u>
<input type="checkbox"/> filing fee	_____
<input type="checkbox"/> search fee	_____
<input type="checkbox"/> examination fee	_____
<input type="checkbox"/> surcharge for filing the basic filing on a date later than the filing date of the application (37 C.F.R. § 1.16(e))	_____
and/or	
<input type="checkbox"/> surcharge for filing the oath or declaration on a date later than the filing date of the application (37 C.F.R. § 1.16(e))	_____
<input type="checkbox"/> extension of term	
<input type="checkbox"/> first month	_____
<input type="checkbox"/> second month	_____
<input type="checkbox"/> third month	_____
<input type="checkbox"/> fourth month	_____
<input type="checkbox"/> excess claims	_____
<input type="checkbox"/> issue fee	_____
<input type="checkbox"/> petition fee	_____

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- | | | |
|-------------------------------------|----------------------------------|-----------------|
| <input type="checkbox"/> | patent maintenance fee | _____ |
| <input type="checkbox"/> | first maintenance fee | _____ |
| <input type="checkbox"/> | second maintenance fee | _____ |
| <input type="checkbox"/> | third maintenance fee | _____ |
| <input type="checkbox"/> | patent maintenance fee surcharge | _____ |
| <input checked="" type="checkbox"/> | Other: Additional Claims Fee | <u>\$495.00</u> |
| | | _____ |
| | | _____ |

TOTAL REFUND REQUESTED \$495.00

III. EXPLANATION OF WHY CONTESTED CHARGE IS IN ERROR

The multiple dependent claims fee was paid on January 12, 2001 at the time of filing the new application.

Upon checking through the records, Applicants found the error of listing the total number of claims paid as 61 instead of 41 on the amendment transmittal form filed on September 12, 2005. As we paid additional claims fee of \$500 for 20 additional claims on August 8, 2007, only \$500 for the balance of the total claim number should have been charged, rather than the \$995 actually charged.

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IV. MANNER OF REFUND

Please make refund by crediting Account No. 02-2448.

We respectfully request that the attached copy of this letter be returned to us with an indication that the credit has been processed.

Dated: SEP 17 2007

Respectfully submitted,

By myd J. Buell
Mark J. Buell
Registration No.: 36,623
BIRCH, STEWART, KOLASCH & BIRCH, LLP
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(703) 205-8000
Attorney for Applicant

Attachment(s)

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Deposit Account Statement

Statement

Month: Aug-07

Account

Number: 22448

Name: STEWART
KOLASCH &
BIRCH

Attention:

Street GATEHOUSE

Address 1: E ROAD
SUITE 100

Address 2: EAST
FALLS

City: CHURCH

State: VA

Zip: 22042

Country: UNITED
STATES

DATE	SEQ	POSTING REF TXT	ATTORNEY FEE DOCKET CODE NBR	AMT	BAL
15-Aug	1	9743577 0147-0220P	2203	\$145.00	\$335,497.00
13-Aug	2	9743577 0147-0220P	2202	\$650.00	\$334,827.00

Document code: WFEE

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Sales Receipt for Accounting Date: 08/13/2007

DWILLIA4 SALE #00000002 Mailroom Dt: 09/12/2005 022448 09743577
01 FC:2202 850.00 DA

Adjustment date: 09/25/2007 HDESTA1
08/13/2007 DWILLIA4 00000002 022448 09743577
01 FC:2202 850.00 CR

09/25/2007 HDESTA1 00000012 022448 09743577
01 FC:2202 500.00 DA

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01 FC:2203 145.00 DA

Adjustment date: 09/25/2007 HDESTA1
08/13/2007 DWILLIA4 00000001 022448 09743577
01 FC:2203 145.00 CR